Dr Altman Responds

TO THE EDITOR: Thank you for the opportunity to respond to the letters concerning my Medical Staff Conference article, "Downwind Update."[1]

The role of air swallowing in the production of flatus or of symptoms of "excess" intestinal gas is at best minor. Studies by Levitt and his colleagues, cited in the October 1986 article, of the composition and volume of intestinal gas support this conclusion, especially the data that show the relatively small amount of nitrogen and large amount of carbon dioxide and hydrogen in intestinal gas. Dr Tolone points out studies supporting this concept. The important idea that the volume and composition of gas at any point are the product of multiple factors, including swallowed air, gas production, absorption and elimination, is the lesson to be derived from the illustration accompanying the article.

Dr Sommer's hypothesis that flatus retention is important in the pathogenesis of diverticular disease was first put forth by Wynne-Jones[2] but has not received general support. I believe most practitioners would be reluctant to advise patients against this practice which is probably common in so-called civilization. Certainly one must balance one's obligations to the individual patient against those to society at large. Such ethical dilemmas are beyond the scope of this author.

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REFERENCES

1. Altman DF: Downwind update—A discourse on matters gaseous (Medical Staff Conference). West J Med 1986 Oct; 145:502-505

2. Wynne-Jones G: Flatus retention is the major factor in diverticular disease. Lancet 1975; 2:211-212

Heparin Added to Infused Fluids

TO THE EDITOR: The article "Catheter-Related Septic Central Venous Thrombosis—Current Therapeutic Options," published in the August issue,[1] while interesting, was disappointing. The authors made no mention of the potential for prevention of this complication by a simple technique. Heparin added to infused fluids has been shown to be effective in reducing thrombosis and sepsis in indwelling catheters. In a prospective study, Fabri and colleagues[2] showed that the addition of 3,000 USP units of heparin per liter of total parenteral nutrition solution reduced the incidence of thrombosis from 31.8% to 8.3%. This was achieved without any significant difference of anticoagulation effect.

Furthermore, in a large group of morbidly obese patients undergoing gastric bypass operations (whose veins are difficult to cannulate), I have routinely added 1,000 USP units of heparin per liter of peripheral intravenous solution. This has permitted use of the original vein catheter for a full five days (when the patients start taking fluids by mouth), with a minimal incidence of phlebitis. Not only has this been less burdensome for the patients, it has saved nurses the frustration of restarting intravenous lines. It has *not* led to any complications.

It is my opinion this technique can be used safely for *all* patients requiring three to four days of parenteral feeding, as it would obviate the need to change lines every 48 hours as is routine in many hospitals.

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REFERENCES

1. Kaufman J, Demas C, Stark K, et al: Catheter-related septic central venous thrombosis—Current therapeutic options. West J Med 1986; 145:200-203

2. Fabri PJ, Mirtallo JM, Ruberg RL, et al: Incidence and prevention of thrombosis of the subclavian vein during total parenteral nutrition. Surg Gynecol Obstet 1982; 155:238-240

Elderly Patients With Dementia

TO THE EDITOR: Dr Heikoff has done a service by again bringing forth appropriate concern for care of elderly with dementia or dementia-like syndromes.[1] In addition to underlining in her review that about 20% of elderly with dementia will have a partially or fully treatable underlying cause, further observations are in order regarding depressive, "pseudodementia."

When depression is the sole active culprit of the dementia-like syndrome, not only mood but cognitive impairment will be greatly or completely improved with successful treatment with medications or electroconvulsive therapy. Even where a presumptive early dementing syndrome, otherwise irreversible, is present, improvement of the endogenous depression will substantially improve current cognitive function. Although side effects must be viewed in context, even the presence of an actual dementing disorder should not exclude use of medicines or electroconvulsive therapy as otherwise indicated for the mood disorder.

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REFERENCE

1. Heikoff LE: Practical management of demented elderly. West J Med 1986 Sep; 145:397-399

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TO THE EDITOR: In her article "Practical Management of Demented Elderly" in the September issue,[1] Lisa Heikoff offers several suggestions that appear to me to be anything but practical. My comments below apply to the 90% of demented elderly with irreversible disease.

First, Dr Heikoff suggests that the demented patients regularly undergo routine (and presumably she means comprehensive) medical screening. Given the limited value of a digital rectal examination, should a demented patient undergo sigmoidoscopy? I think not. Would I really treat breast cancer, ovarian cancer or colon cancer in the hopelessly demented patient? Once again, I doubt it, unless the patient was suffering from symptoms secondary to these diseases, in which case I would attempt to palliate only and keep the patient comfortable.

Second, the author advocates monitoring mental status with formal psychological testing, and referral to a psychiatrist or neurologist for the same. It seems to me that these expensive tests are about as useful as counting candles on a birthday cake—decline is documented for all the world to see but nothing is materially changed.

Third, she recommends consultation with a psychiatrist or psychologist for diagnosis of depression as a contributing factor to dementia. When all is said and done, the